

KENTUCKY MEDICAID PROGRAM

PUBLIC NOTICE

July 19, 2024

The Cabinet for Health and Family Services, Department for Medicaid Services (the Department) in accordance with 42 CFR 447.205, hereby provides public notice of changes to the Ambulance Services reimbursement language in its State Plan effective January 1, 2025. These changes are described below:

1. Updated program year to 2025.
2. Updated Total Program Dollars to \$4,050,794.
3. Updated Emergent Transport Add-On amount to \$453.16.

Fiscal Impact:

The Department for Medicaid Services estimates that the total fiscal impact will be \$4,050,794.

Public Comments

A copy of this notice is available for public review at the Department for Medicaid Services at the address listed below. Comments or inquiries may be submitted in writing within thirty (30) days to:

Commissioner's Office
Department for Medicaid Services, 6W-A 275
E. Main Street
Frankfort, Kentucky 4062